AUTHORIZATION FORM

Christ United Methodist Church 3610 S. 18th Street Lafayette, IN 47909 765-474-4313



FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE	
Effective date of authorization:// Type of authorization:				☐ Change donation date
Last Name			First Name	
Address				
City State Zip				
Email Address				
Linux Addicos				
DATE OF FIRST DONATION:/		FREQUENCY OF DONATION: Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	FUNDS: General/Operating Mortgage Principle Reduction Multi-Purpose Rm/Gym Floor PM Fundy Pack Away Hunger Feed the Kids Backpack Prog. OPTIONAL: Give additional 3% to offset processing fee if using a credit card.	
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below) I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number: Understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Date: Date:			
CREDIT / DEBIT CARD	Card Brand (check one): Visa MasterCard American Express Discover Card			
	Card Number:		Expiration Date:	
	Name on Card:		l	
	Billing Address (if different from above):			
	I authorize the above organization to process transactions in accordance with the information above.			
	Signature (as it appears on the	card):		Date: